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Bib Data Sheet

CONFIRMATION NO. 2619

SERIAL NUMBER 10/752,202	FILING DATE 01/05/2004  RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 03BRE1
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/09/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

Bioabsorbable surgical sponge

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